

1985**Exempt Organization
Business Income Tax Return****109**For calendar year 1985
or fiscal year begun _____, 1985, and ended _____, 1986**AFFIX MAILING LABEL**

Corporate or Organization Number

Federal Employer Identification No.

Corporation or Organization Name

Address

City

State

ZIP Code

SN

Corp./Org No.

PC

IYE

RC

CY

DE

CA

A

Remittance

DO NOT USE THESE SPACES

NAME AND ADDRESS OF THE TRUST FIDUCIARY

Federal Employer Identification Number

NATURE OF TRADE OR BUSINESS

Form Number of Federal Form Filed

ATTACH REMITTANCE HERE
Tax Computation**Organizations Taxable as Corporations****1** Unrelated business taxable income from line 31, Sched A _____ **1****2** Apportion _____ % (line 5, Sched K) of line 1 _____ **2****3** Net operating loss carryover claimed _____ **3****4** Net unrelated business taxable income (lines 1 or 2 minus line 3) _____ **4****5** Tax 9.6% of line 4 (See General Inst J-1) _____ **5****Organizations Taxable as Trusts****6** Unrelated business taxable income from line 31, Sched A _____ **6****7** Net operating loss carryover claimed _____ **7****8** Net unrelated business taxable income (line 6 minus line 7) _____ **8****9** Tax on amount on line 8 (See General Inst J-2) _____ **9****10** Credit for net income taxes paid to State of _____
(See General Inst P) _____ **10****11** Balance of tax (line 9 minus line 10) _____ **11****12** Tax from line 5 or line 11 _____ **12****13** Tax Credit from Sched B _____ **13****14** Balance (subtract line 13 from line 12, if line 13 is greater than line
12, enter zero) _____ **14****15** Tax on Preference Income (See General Inst Q) _____ **15****16** Total tax (add lines 14 and 15) _____ **16**Pay-
ments**17** Estimated tax payments _____ **17****18** Paid with application for extension _____ **18****19** Total payments and/or credit (add lines 17 and 18) _____ **19**Balance Due
or Refund**20** Tax Due (line 16 minus line 19). Pay entire amount with return _____ **20****21** Overpayment (line 19 minus line 16) _____ **21****22** Refund _____ **22****23** Credit to 1986 estimated tax _____ **23**Person to contact for
additional information:Telephone
Number: ()**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature
of officer

Title

Date

Telephone ()

**Paid
Preparer**Preparer's
signature

Date

Check if
self-em-
ployed ☐

Preparer's social security number

Firm's name (or
yours, if self-employed)
and address

E.I. No.

Telephone ()

Schedule A—Unrelated Business Taxable Income Computation**Unrelated Trade or Business Income**

- 1 Gross receipts or gross sales \$ _____ Minus: Returns and allowances \$ _____
- 2 Minus cost of goods sold and/or operations (see worksheet below)
- 3 Gross profit
- 4 (a) Net capital gains (or losses) (see Specific Line Instructions for Schedule A)—Trusts attach Schedule D (Form 540)
(b) Ordinary gain (or loss) (see Specific Line Instructions for Schedule A)—Trusts attach Schedule D-1 (Form 540)
- 5 Income (or loss) from partnerships (attach statement)
- 6 Rent income (Schedule C)
- 7 Unrelated debt-financed income (Schedule D)
- 8 Investment income of a 23701g or 23701i organization (Schedule E)
- 9 Annuities, interest, royalties, and rents from controlled organizations (Schedule F)
- 10 Exploited exempt activity income (Schedule G)
- 11 Advertising income (Schedule H, Part III, Column A)
- 12 Other income (attach schedule.)
- 13 Total unrelated trade or business income (add lines 3 through 12)

Deductions

(Except for contributions, deductions must be directly connected with the unrelated business income)

- 14 Compensation of officers or trustees (Schedule I)
- 15 Salaries and wages (not deducted elsewhere)
- 16 Repairs
- 17 Bad debts
- 18 Interest (attach statement)
- 19 Taxes (attach statement)
- 20 Contributions (see Specific Line Instructions for Schedule A—attach statement)
- 21 Depreciation (Schedule J)
- 22 Amortization (attach statement)
- 23 Depletion
- 24 (a) Pension, profit-sharing plans, etc.
(b) Employee benefit programs (see Specific Line Instructions for Schedule A)
- 25 Other deductions (attach statement)
- 26 Total deductions (add lines 14 through 25)
- 27 Unrelated business taxable income before allowable excess advertising costs (subtract line 26 from line 13)
- 28 Minus excess advertising costs (Schedule H, Part III, Column B)
- 29 Unrelated business taxable income before specific deduction
- 30 Minus specific deduction (see General Instruction N)
- 31 Unrelated business taxable income (subtract line 30 from line 29)

Cost of Goods Sold—Worksheet

Method of Inventory Evaluation (specify)

- 1 Inventory at beginning of year
- 2 Merchandise bought for manufacture or sale
- 3 Salaries and wages
- 4 Other costs (attach schedule)
- 5 Total (add lines 1 through 4)
- 6 Less inventory at end of year
- 7 Cost of goods sold (enter here and on Unrelated Trade or Business Income, line 2)

Cost of Operations—Worksheet

- 1 Salaries and wages
- 2 Other costs (show detail) _____
- 3 Total (enter here and on Unrelated Trade or Business Income, line 2)

Schedule B—Tax Credit (see instruction)

- 1 Agricultural Irrigation Equipment
- 2 Jobs Tax Credit(s)
- 3 Energy Conservation
- 4 Ridesharing
- 5 Alcohol Fuel Device
- 6 Solar Energy
- 7 Other Credits
- 8 Total (add lines 1 to 7, enter here and line 13, side 1)

\$

NOTE: For rental income from debt financed property, use Schedule D.

Schedule D—Unrelated Debt-Financed Income

Schedule E—Investment Income of a 23701g or 23701i Organization**Schedule F—Income (Annuities, Interest, Rents, and Royalties) From Controlled Organizations****Schedule G—Exploited Exempt Activity Income: Other than Advertising Income**

Total (enter here and on line 10, Schedule A)

Schedule H—Advertising Income and Excess Advertising Costs

Part I—Consolidated Periodicals

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Excess advertising costs (if col. 3 exceeds col. 2, enter excess in Part III, col. B)	5. Net advertising income (if col. 6 exceeds col. 7, enter excess of col. 2 over col. 3 in Part III, col. A)	6. Circulation income	7. Reader-ship costs	8. Includible income (if col. 7 exceeds col. 6, subtract col. 7 plus col. 3 from col. 6 plus col. 2. If more than zero, enter amount in Part III, col. A)
Totals							

Part II—Non-Consolidated Periodicals

Part III—Column A—Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from column 5 or 8, Part I and amounts listed in Part II, cols. 5 and 8
Enter total here and on line 11, Schedule A	

Part III—Column B—Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 and amounts listed in Part II, column 4
Enter total here and on line 28, Schedule A	

Schedule I—Compensation of Officers

1. Name of Officer	2. Social Security Number	3. Title	4. Time devoted to business	5. Amount of compensation	6. Expense account allowances
Total compensation of officers (enter here and on line 14, Schedule A)					

Schedule J—Depreciation

Instructions for Guideline Class Life System and Class Life System are contained in the instructions for form FTB 3887 (Guideline Class Life System) and form FTB 3888 (Class Life System). NOTE: With limited exceptions, California has not adopted the Federal Accelerated Cost Recovery System (ACRS).

1. Group and guideline class or description of property	2. Date acquired	3. Cost or other basis	4. Depreciation allowed or allowable in prior years	5. Method of computing depreciation	6. Life or rate	7. Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Depreciation from form FTB 3887						
4 Depreciation from form FTB 3888						
5 Total						
6 Less amount of depreciation claimed elsewhere on return						
7 Balance—Enter here and on line 21, Schedule A						

Schedule K—Apportionment Formula

Limited to unrelated trade or business amounts	Total within and without the state (a)	Total within the state (b)	Percent within the state (b) ÷ (a)
1 Average yearly value of real and tangible personal property whether owned or rented (see Specific Instructions)	\$	\$	
2 Wages, salaries, and other compensation of employees	\$	\$	
3 Gross sales and/or receipts, less returns and allowances	\$	\$	
4 Total percent (sum of the percentages above)			
5 Average percent (1/3 of total percent) carried to side 1, line 2			